

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/25/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001134		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 07/06/2011	
NAME OF PROVIDER OR SUPPLIER TOWER SPECIALTY SURGERY LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1400 HIGHLAND RD STE 2 RICHMOND, IN47374			
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S0000	This visit was for a State licensure survey. Facility Number: 004082 Survey Date: 7-5/6-11 Surveyors: Jack I. Cohen, MHA Medical Surveyor John Lee, RN Public Health Nurse Surveyor QA: clauglin 07/25/11			S0000			
S0310	410 IAC 15-2.4-2(a)(1) The program shall be ongoing and have a written plan of implementation that evaluates, but is not limited to, the following: (1) All services, including services furnished by a contractor. Based on document review and interview,			S0310	The administrator is responsible		08/01/2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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S0328	<p>the facility failed to include 1 service furnished by a contractor in its quality assessment performance improvement (QAPI) program.</p> <p>Findings:</p> <ol style="list-style-type: none"> Review of the facility's QAPI program indicated it did not include the contracted service of facility maintenance. On 7-6-11 at 11:15 am, employee #A1, upon interview, indicated there was no documentation and no documentation was provided prior to exit. <p>410 IAC 15-2.4-2(b)</p> <p>(b) The center shall take appropriate action to address the opportunities for improvement found through the quality assessment and improvement program as follows:</p> <p>(1) The action must be documented. (2) The outcome of the action must be documented as to its effectiveness, continued follow-up, and impact on patient care.</p> <p>Based on document review and interview, the center failed to ensure a quality assessment program that addressed the opportunity for improvement when it did not meet a goal of the Quality Assessment</p>			S0328	<p>for obtaining the documentation for the facility maintenance. This has been obtained. This information will be added to the contracted services QAPI spreadsheet that is reported quarterly to the QA committee, medical staff, and board of managers. The administrator will be responsible to make certain that this report is ongoing and reported at each quarterly meeting.</p> <p>The administrator will make certain that in the future, all discussion regarding QA outcomes will be recorded in QA minutes. There was discussion on what we were going to do to improve this particular outcome.</p>		08/01/2011

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	<p>and Performance Improvement Program (QAPI).</p> <p>Findings:</p> <p>1. Review of a document entitled Procedure Verification Checklist QA, indicated for the fourth quarter of year 2009, the facility failed to meet 18 of 72 (25%) entries on forms. Further review of the document indicated for the first quarter of year 2010, the facility failed to meet 44 of 137 (32%) entries on forms. Further review of the document indicated anything greater than 11% was unsatisfactory.</p> <p>3. On 7-6-11 at 11:30 am, upon interview, employee #A1 verified the above outcome and was requested to provide documentation of action taken in response to not meeting the above goal. The employee indicated there was no documentation and none was provided prior to exit.</p>				<p>The committee decided that the administrator should tell the provider who did not sign his patient's surgery site to do so. The committee also asked the administrator to tell the staff to make certain all fields on the form were completed. These things were done, and improvements have been made, but they were not documented. It will be the responsibility of the administrator to record all decisions of the QA committee in detail in the minutes of the quarterly meetings. This will begin with the next meeting in September.</p>		

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S1152	<p>410 IAC 15-2.5-7(b)(3)(B)</p> <p>(b) The condition of the physical plant and the overall center environment must be developed and maintained in such a manner that the safety and well-being of patients are assured as follows:</p> <p>(3) Provision must be made for the periodic inspection, preventive maintenance, and repair of the physical plan and equipment by qualified personnel as follows:</p> <p>(B) All mechanical equipment (pneumatic, electric, sterilizing, or other) must be on a documented maintenance schedule of appropriate frequency in accordance with acceptable standards of practice or the manufacturer's recommended maintenance schedule.</p> <p>Based on document review and interview, the facility failed to provide evidence of current preventive maintenance (PM) on 2 pieces of equipment.</p> <p>Findings:</p> <p>1. On 7-5-11 at 10:30 am, employee #A1 was requested to provide documentation of current PM on the facility's heating, ventilation and air conditioning (HVAC) system.</p> <p>2. On 7-6-7 at 3:00 pm, upon interview, employee #A1 indicated there was no</p>		S1152	<p>It is the responsibility of the administrator to make certain that all PM records for the facility HVAC system are documented. The PM records on the facility HVAC system were obtained from the building maintenance supervisor and added to the ASC's PM log. This log will be presented to the Board of Managers at the next quarterly meeting. The coffee maker's PM was updated as well. It, too, will be presented at the next meeting.</p>		08/01/2011	

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S1154	<p>documentation of current PM of the HVAC system. No documentation was provided prior to exit.</p> <p>3. On 7-6-11 at 10:20 am, in the presence of employee #A1, it was observed in the reception area there was an electric coffee machine with a PM sticker dated 12-31-06. At that time, the employee was requested to provide documentation of the most recent PM on the machine.</p> <p>4. On 7-6-7 at 3:00 pm, upon interview, employee #A1 indicated there was no documentation of current PM on the coffee machine. No documentation was provided prior to exit.</p> <p>410 IAC 15-2.5-7(b)(3)(C)</p> <p>(b) The condition of the physical plant and the overall center environment must be developed and maintained in such a manner that the safety and well-being of patients are assured as follows:</p> <p>(3) Provision must be made for the periodic inspection, preventive maintenance, and repair of the physical plant and equipment by qualified personnel as follows:</p> <p>(C) Operational and maintenance control records must be established and analyzed at least triennially. These records must be readily available on the premises.</p>						

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	<p>Based on document review and interview, the facility failed to document operational and maintenance control records for the heating, ventilation, and air conditioning (HVAC) and fire alarm systems being analyzed at least triennially.</p> <p>Findings:</p> <p>1. On 7-5-11 at 10:30 am, employee #A1 was requested to provide documentation of triennial analysis of HVAC and fire alarm systems to determine the preventive maintenance conducted was in accordance with the manufacturer's recommendation or facility policy.</p> <p>2. On 7-6-11 at 3:00 pm, upon interview, employee #A1 indicated there was no documentation of triennial analysis of HVAC and fire alarm systems. No documentation was provided prior to exit.</p>			S1154	<p>The administrator has obtained the HVAC and fire alarm systems manufacturer's recommendations for preventive maintenance. It has been verified that the preventive maintenance currently done on these systems is being done in accordance with policy/schedule and meet the acceptable standards or practice. It will be the responsibility of the administrator to present these recommendations to the board of managers at the upcoming board of managers meeting and triennially thereafter.</p>		08/01/2011

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S1164	<p>410 IAC 15-2.5-7(b)(4)(B)(i)</p> <p>(b) The condition of the physical plant and the overall center environment must be developed and maintained in such a manner that the safety and well-being of patients are assured as follows:</p> <p>(4) The patient care equipment requirements are as follows:</p> <p>(B) All patient care equipment must be in good working order and regularly serviced and maintained as follows:</p> <p>(i) All patient care equipment must be on a documented maintenance schedule of appropriate frequency in accordance with acceptable standards of practice or the manufacturer's recommended maintenance schedule. Based on document review and interview, the facility failed to document maintaining 1 piece of equipment according to facility policy.</p> <p>Findings:</p> <p>1. Review of a facility policy entitled Emergency Crash Cart Cleaning and Integrity Checks indicated the Nurse will daily charge the unit [defibrillator] and test energy discharge.</p> <p>2. Review of a facility document entitled DEFIBRILLATOR CHECKLIST, April, 2011, indicated the weekdays of April 18</p>			S1164	<p>The Defibrillator Checklists have been reviewed with the staff. The staff knows that is the ASC is closed, to mark "closed" on that particular day since the defibrillators will only be checked on the days that surgeries are performed. It will be the responsibility of the administrator to make certain that the staff is filling in the checklists accurately.</p>		07/07/2011

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S1166	<p>and 19 (Monday and Tuesday) had no entry and/or person's initial indicating charging the defibrillator and testing the energy discharge:</p> <p>3. On 7-6-11 at 3:00 pm, upon interview, employee #A1 indicated the facility did not schedule patients on Fridays, was not closed the above-stated days and was requested to provide any other documentation indicating the defibrillator had been charged and tested. No further documentation was provided prior to exit.</p> <p>410 IAC 15-2.5-7(b)(4)(B)(ii)</p> <p>(b) The condition of the physical plant and the overall center environment must be developed and maintained in such a manner that the safety and well-being of patients are assured as follows:</p> <p>(4) The patient care equipment requirements are as follows:</p> <p>(B) All patient care equipment must be in good working order and regularly serviced and maintained as follows:</p> <p>(ii) There must be evidence of preventive maintenance on all patient care equipment.</p> <p>Based on document review, the facility failed to provide evidence of current preventive maintenance (PM) on 2 pieces of patient care equipment.</p>			S1166	<p>The two pieces of patient care equipment that did not have a current PM, were PM'd on 7/28/2011. These PMs will be presented to the Board of Managers at the next meeting,</p>		07/28/2011

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S1168	<p>Findings:</p> <p>1. On 7-5-11 at 10:30 am, employee #A1 was requested to provide documentation of PM on a patient stretcher, bed and a wheelchair.</p> <p>2. On 7-6-11 at 3:00 pm, upon interview, employee #A1 indicated there was no current documentation of PM on the above-two pieces of equipment. No documentation was provided prior to exit.</p> <p>410 IAC 15-2.5-7(b)(4)(B)(iii)</p> <p>(b) The condition of the physical plant and the overall center environment must be developed and maintained in such a manner that the safety and well being of patients are assured as follows:</p> <p>(4) The patient care equipment requirements are as follows:</p> <p>(B) All patient care equipment must be in good working order and regularly serviced and maintained as follows:</p> <p>(iii) Appropriate records must be kept pertaining to equipment maintenance, repairs, and electrical current leakage checks and analyzed at least triennially.</p> <p>Based on document review and interview, the facility failed to keep records of</p>			S1168	<p>and annually thereafter. It will be the responsibility of the administrator to make certain that these PMs are performed on an yearly basis and reported to the Board.</p> <p>The administrator has obtained the manufacturer's</p>		08/01/2011

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	<p>preventive maintenance (PM) for 11 pieces of patient care equipment being analyzed at least triennially to ensure the actual PM matched the manufacturer's recommendation for PM.</p> <p>Findings:</p> <p>1. On 7-5-11 at 10:30 am, employee #A1 was requested to provide documentation of triennial analysis of an anesthesia machine, defibrillator, EKG machine, emergency call (code) system, overhead operating room swing light, patient stretcher (bed), radiology equipment, sterilizer, suction machine, surgical table and wheelchair to determine the PM conducted was in accordance with the manufacturer's recommendation or facility policy, as appropriate..</p> <p>2. On 7-6-11 at 3:00 pm, upon interview, employee #A1 indicated there was no documentation of triennial analysis of the above equipment. No documentation was provided prior to exit.</p>				<p>recommendations for eleven pieces of patient care equipment. The PM performed on these pieces of equipment has been done in accordance with these recommendations. This along with the PM for each piece of equipment will be presented at the next Board of Manager's meeting. It will be the responsibility of the administrator to make certain that the PM and manufacturer's recommendations will be presented triennially thereafter to the Board of Managers.</p>		